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CAMPAIGN & POLITICAL FINANCE FORM CPF D105: Summary Report of Campaign Receipts and Expenditures Office of Campaign and Political Finance

Commonwealth of Massachusetts

File with: Director					CPF	ID#		
Office of Campaign and Political Finance One Ashburton Place Boston MA 02108 (617) 727-8352						For 0	ffice Use	
Reporting period from:		8/1/01		through	₽/1	5/01		
Repetting period from:	Date	Month	Year	······································	Date	Month	Year	
Name of Candidate/Committee:	Con	nmittee t	o Elect	Jim Braude				
Office Sought:								
Name of Bank:	_Citi:	zens Bar	ık of Ma	assachusetts				
Beginning Balance for Reporting	g Period	d .		\$ 4091.76				_ (1)
Total Receipts in the Reporting	Period			\$ _510.00				_ (2)
Total Expenditures in the Report	ting Per	riod		\$ _11.00				_ (3)
Ending Balance for the Reportin	g Perio	d		\$ <u>4,590.76</u>				_ (4)
	ereby dec owledge a			ation contained herein is tr	ie and co	rrect to the	best of m	у
Sig	M(gnature of	Ucutt Cashier o	TWO r Bank Ti	reasurer				
	d Klas							
Na	eme of Cas	shier or Ba	ank Treas N∀NCE_					
(4) Te	01) 282-42 Jephone n	258 731.11 11mher	70 7 3 1	ioivawaa				

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Form CPF D106: Receipts and Expenditures Report CAMPAIGN & POLITICAL Office of Campaign and Political Finance FINANCE

Through

8/15/01

Report of Receipts

Commonwealth	οí
Massachusetts	

Candidate Name:

Committee Name:

Reporting Period from:

Name of Bank:

Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

Committee to Elect Jim Braude

Citizens Bank of Massachusetts

M.G.L. c, 55 requires the name and residential address to be provided for all contributors who donate more

Jim Braude

8/1/01

Please Print or type all information on this form

	·Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more
1		8/7/01	Citizens Bank (Service Charge Rebate)	11.00	
2					
3		-			
4					
5					
6					
7					
8					
9					
10					-
	<u> </u>		Contributions in excess of \$50 (or listed above)	11.00	
			Contributions \$50 and under (not listed above)	11.00	Total Deposit (sum of all pages)
			Total this page	11.00	\$11.00

Candidate or Committee: Fill out this side only in triplicate and take to the bank with your deposit. One copy should be receipted

by the bank and then retained by the committee: the bank keeps two copies, one of which will be sent to OCPF.

5001 ¥00 55 ₺ 5: #2

CAMPAIGN & POLITICAL



Form CPF D106: Receipts and Expenditures Require Office of Campaign and Political Finance

Report of Receipts

Please print or type all information on this form

Massachusetts Office of Campaign and Political Finance, One Ashburton Place, Boston, MA 02108 (617) 727-8352

or	didate N nmittee N	√ame:	COMMITTE	COMMITTE TO EVECT DIN BRAUDE					
	ne of Bar orting P	ик: eriod fron			-7.01 Page# 12				
1.C har	F.L. c. 55 1 \$50 in a	requires th calendar j	ne name and residential address to be provear. In addition, the occupation and em te in a calendar year.	vided for all					
	Cash/ Bank #	Deposit Date	Name and Address (Alphabetical listing mandatory)	Amount \$	Occupation and Employer (Contributions \$200 or more)				
1		6-6-01	100 100000 370000 0209	199					
2		14	15 BrookFord ST/CAMB 2139	50 -	-				
3	:	be	NIKE DAMASKOS 594 FRANKUS/CARS 02139 SAMUEL DE MERIT)00(
4		Þ۱	SAMUEL DE MERIT 1716 CAMBRIDGE ST/ 62:30	6					
5		b:	1716 CAMBRIDGE ST/ 62:38 NEWSON GORE 5 GAYGAGENETHT/ 62:38	000					
6				·					
7			·						
8									
9									
10									
		<u> </u>	Contributions in excess of \$50 (or listed above)	499-					
			Contributions \$50 and under (not listed above)		Total Deposit (sum of all pages)				
			Total this page	499	\$ 499				
Car	ididate or C	committee: I e bank and th	Total this page Fill out this side only in triplicate and take to the base retained by the committee, the bank keeps two	ank with your d	leposit. One copy should be receipte				

CAMPAIGN & POLITICAL

11/99

Form CPF D106: Receipts and Expenditures Report Report of Expenditures

Par Bank Use only

CAMPAIGN & POLITICAL FINANCE

5. Office

Office of Campaign and Polici	ral Finance, One Ashburton Place, Boston, MA 03	2108 (617) 727-8	352	· · · · · ·	
Candidate Name:	Jim Braude				
Committee Name:	Committee to Elect Jim Brande				
Name of Baok:	Citizens Bank of Massachusetts				
Reporting Period Inc	m:	8/1/01	(henush	2/15/01 Page #	

INSTRUCTIONS TO BANK

Banks should list any debits to this account, including checks, wire transfers, bank charges and fees. Information should be taken from the front of the check, exactly as it was written by the committee. If any information is omitted from the check, the bank should place an asterik (*) in the appropriate column on this form. Further instructions are available from OCPF.

PURPOSES OF PAYMENT

 TV, Radio 	Newspaper	3. Meetings	4. Printing
Travel	Signs or displays	8. Transfer of Fund	9. Other

6. Travel	Signs or displays	8. Transfer of Fund	9. Other
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Date Check Paid	Payee (Alphabetical listing Mandatory)	Address	Code	Specific Purpose	Amount
	itizens Bank		9	Monthly Maintenance Fee (1)	11.0
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		CAMPAIGH & POLITICAL			
		CAMPAIGN & POLITICAL		Total expenditures this page Total this report period	11.0



Form CPF D105: Summary Report of Campaign Receipts and Expenditures Office of Campaign and Political Finance POLITICAL

Commonwealth of Massachusetts

	<u> </u>		· · · ·				
File with: Director Office of Campaign and Political Finance One Ashburton Place Boston MA 02108 (617) 727-8352				CPF I		fice Use	
Reporting period from:	8/16/01	1	through	.8/3	1/01	<u> </u>	
	Date Month	Year	*	Date	Month	Year	
Name of Candidate/Committee:	Committee	to Elect Ji	m Braude				
Office Sought:							
Name of Bank:	Citizens Ba	nk of Mas	sachusetts				
Beginning Balance for Reportin	ng Period		\$ 4590.76				_ (1)
Total Receipts in the Reporting	Period		\$ 0.00				(2)
Total Expenditures in the Repo	rting Period		\$ 11.00				_ (3)
Ending Balance for the Reporti	ng Period		\$ <u>4,579.76</u>				_ (4)
	nowledge and belief	th	ion contained herein is tr	ue and cor	rect to the	best of m	у
1	ad Klas			. ec 11	17 d3S		
·	Name of Cashier or E	3ank Treasur		05			
	401) 282-4258 Telephone number		ггіом ————— Рего	іяянао у Іммоо и	CITY OF		

Total expenditures this page

Foral this report period

11.00

11.00

Form CPF D106: Receipts and Expenditures Report Report of Expenditures

				For Bank Lise only			
Oil os of Car	mpargn and Politica	il Finance One Ashbudi	in Place. Boslon	MA 0710R (6.7) 727-4322		** ** ** ** ** ** ** ** ** ** ** ** **	", "."."
Candida	te Name:	Jini Hraude					
	tee Name:	Committee to Ele	ed Jim Beaud	le:			
Name of	Bank:	Citizens Bank of					
Reportin	ng Period from	nt:		8/16/01 6	prough	8/31/01 Page:	# <u>_</u> _
		•					
			_	STRUCTIONS TO B			مدياه ساله است
Banks sh	oald list any a	definits to this accor	ant, isiciludin	g checks, wire transfe	irs, bank eit	arges and fees. Information sho	nggo ne taken -1
from the	from of the cl	teck, exactly as it	was written	by the committee. If	any inform	ation is omitted from the check.	, тие мани
should p	lace an asterik	(*) in the approp	riate column	on this form. Furthe	r instruction	ns are available from OCPF.	
			ь	URPOSES OF PAYM	ENT		
	TV. Radio	2. News	_	3. Meetings	4. Printsis	5. Office	
	Travel		or displays	8. Transfer of Fund	-	*	
	1111111	<u></u>		•			
Date		l'ayec		Address	Code	Specific Purpose	Amount
('heck		beticul listing			ļ 1		
Paid		ndafory)		<u></u> .	1	Monthly Maintenance Fee (1)	11,00
8037-01	Citizens Bank				1	Saburary Stratifications (1)	''
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